** FCPS-Part 2 – Medicine 18th August 2025 Medicine Recalls **

Question 1. Horsness, Left atrial enlargement MS All these features sudden. Question about MS with vocal cord paralysis ??

Ortner's Syndrome (also called cardio vocal syndrome) Hoarseness: Caused by left recurrent laryngeal nerve palsy.

Left atrial enlargement: Due to mitral stenosis, often from rheumatic heart disease.

The enlarged left atrium compresses the left recurrent laryngeal nerve, which loops under the aortic arch — this leads to vocal cord paralysis and hoarseness. Hence, Ortner's Syndrome is the correct diagnosis **Note= MS + ASD → Lutembacher's syndrome**

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2.Question regarding Abgsph 7.35 Hco3 15? Co2 was 50 or 29 ?? answer was Compensated **metabolic acidosis??**

ABGs given and 7.35 pH both CO2 HCO3 low???

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3. Another question regarding 7.5 liter water deficit ..stem was like 60 kg patient presented with dehydration. Sodium was 175. Calculate water deficit **most of candidates calculated Water deficit 7.5L** 7.5 TBWD 7.5

4. Bacterial overgrowth Fecal calprotectin **Question?** Which test normal in SIBO they asked what test will be in normal limit

Sweat test?

xylose bhi normal hotaThat normal clearly written in saffron

Fecal calprotectin. I marked it wrong Although it was from past papers

5. Precaution before prescribing clozapine? (was it **olanzapine)** == WBC count Agranulocytosis

WBC count and specifically absolute neutrophil count (ANC) are critical in detecting agranulocytosis, a rare but serious side effect of clozapine

WbcStop if < 3,000/mm³ , and ifanc< 1,000/mm³ then stop too

Note that **Baseline WBC and ANC** must be obtained.

 If WBC < 3,500/mm³ or ANC < 2,000/mm³ → **Do not start clozapine**.After starting, monitoring is required:**Weekly** for the first 6 months.**Biweekly** for the next 6 months.

Monthly after 12 months.

6.VHL with renal ca Von Hippel-Lindau (VHL) disease = risk of renal cell carcinoma (RCC)

7.Sle survival is around 90%SLE Survival Rates 5-year survival rate:>95%

10-year survival rate: Around **90%–95%**... **15–20-year survival rate:** Around **80%–90%**

8. A 20-year-old patient with thalassemia major stable on hydroxyurea has a drop in hemoglobin from 9 to 7 g/dL. There is mild splenomegaly and increased transfusion requirements. What is the most appropriate next step?

A) Start intravenous iron
B) Begin Desferoxamine therapy
C) Perform splenectomy
D) Increase hydroxyurea dose

8.one question was about **thalassemia intermedia** , having sob, who was stable on hydroxyurea for 5 years but now developed decreased hb from last 6 months, spleen was 5 cm below costal margin? Options were ,

a.Start blood transfusions b.Start chelation c.Inc dose of hydroxyurea d.**Splenectomy answer?**

8.Another question Thalsemia intermedia … Hb drop 9 to 7 Transfusion ? answer? Transfusion yes

8. one candidates recalls Mixed defficiency in pregnancy has basophilic stipling, iron def and hba2 was 4.5%

9.**Which antibiotic can cause hemolysis in a G6PD-deficient patient?**= The answer is **nitrofurantoin**

Nitrofurantoin? Hemolysis??Cefradime? nitrofurantoin or cefradime؟ was it G6PD deficiency?

Autoimmune hemolyticanemiaCoombs positive

Note : "Which drug causes autoimmune hemolyticanemia (Coombs +)?" =Ceftriaxone (or some cephalosporins) , Cefradine is a 1st-generation cephalosporin. Cephalosporins rarely cause hemolysis in G6PD deficiency.

9. another version A young patient treated for fever develops **jaundice**, **dark-colored urine**, **itching**, and on examination, the **spleen tip is palpable**. Which of the following drugs is most likely responsible for these symptoms?

A. Paracetamol
B. Amoxicillin
C. Cefixime
D. Nitrofurantoin

Nitrofurantoin is well known to cause **cholestatic jaundice**, **dark urine**, **pruritus (itching)**, and **splenomegaly** in susceptible individuals. This is due to **immune-mediated liver injury**.

10.**Septal thickness= Hocm**

10.HOCM== Metoprolol or ICD?? **Icd was answer**

11. Peritoneal Carcinomatosis question= SAAG = 0.6 → Low SAAG → Exudative ascites

Peritonial carcinomatosis ka b kochtha....with Low SAAG ration..SAAG ratio was 0.6...3.2 was serum Albumin and 2.6 was Ascitic albumin..--Baqi option transudative thy

11.Ascites massive. SAAG calculate and give cause-- It was Peritoneal mets??Malignancy walaoptionIt was Pc?

12.**treatment of syphilis in penicillin-allergic patients**= **Doxycycline (Vibramycin)**

Pencilin allergic what to give for syphilis ?Doxy?I was so made at this question

Was it Erythro? Its doxycycline ?Doxy/vibramycin??It was Vibramycin

Primary syphilis second line tx Tetracycline or Doxy?

13.Question related to Amitriptyline poisoningTCA (tricyclic antidepressant) overdos? Best available answer = ✓ Conservative management + observation

 Highly protein-bound, large volume of distribution-- Causes:Anticholinergic symptoms (dry mouth, mydriasis, tachycardia)CNS depression, seizuresCardiotoxicity → Na+ channel blockade → widened QRS, arrhythmiasHypotension

Hemodialysis (HD) is NOT effective so Rx ? Conservative? Observe?

No rule of hD in amitriptyline wide distribution

Was their any Question was HD after poisoning of amitriptyline?? It was 3 hours post poisoning...Ye conservative?

Patient had so.e serious symptoms, iremember, no hco3 in option.. Consevative Managment

No ECG and hyperkalemia/ arhythmiawas in stem

14.**There was a girl in kitchen or somethin miosis, sialorrhea what poisoning ?**Kerosine oil? she drank some liquid was it Organophos? **Organophosphate** ✅

15.Question related to Ecstacy poisoning..Ecstasy (MDMA) Toxicity== 3% NaCl (hypertonic saline)

Ecstacy m kyatha ?Fluid restriction??One patient with fits Sodium 123.Options.1.8 Nacl?

Bp was highChest was also full of crepts ..I marked it, because patient had fits.

Yes bp160 something...I marked diuretics... I thought about it, but diuretics can cause hyponatremia too?

Female with ectasy overdose . ?Options Tolveptin

15. Woman took illegal drug during party. Now her sodium is high. What to do

Explanation= Ecstasy can cause **SIADH** (syndrome of inappropriate antidiuretic hormone), leading to:**Water retention**

Dilutional hyponatremia Sometimes **seizures** if Na^+ drops too low **Pulmonary edema** (from volume overload)

Hypertension💡 So the picture you described (fits, Na^+ = 123, high BP, creps) = **Hyponatremia due to SIADH**, probably from **MDMA**use , note that for mild hyponaterimiatreatementis Fluid restriction and tolvaptan is used in **chronic SIADH** or **euvolemic hyponatremia**, not as first-line in acute intoxication

16. 2nd Question related to Thalassemia someanaemic lady her HbA2 was raised MCV around 60 diagnosis was asked?

Beta Thalassemia Trait (Minor). ==MCV ~60 fL → Microcytic anemia HbA_2 elevated ✅

17.**Diphyllobothrium latum (D. latum**) — **a tapeworm — causes Vitamin B12 deficiency**

18. two **questions regarding Myelofibrosis VS Hairy Cell Leukemia**

Myelodysplasia? Wasn't this about dry tap or tear drop cells?

There were 2 one with dry tap and tear drop was in other

Both myelofibrosis ,Hairycellleukemia ? Dry tap bone marrow awaited but all cell linea normal

Both Myelofibrosis... Aik may clue tear drop tha and aik Dry tap

Aik may Pancytopenia+Drytap..i was confused about Hairy cell and Myelofibrosis

If the **stem said "dry tap + teardrop cells" → Myelofibrosis** ✅

If the **stem said "dry tap + pancytopenia" but no teardrop cells** → could be **Hairy Cell Leukemia**

Myelofibrosis clue= Dry tap (fibrotic marrow) ✅ Teardrop cells (dacrocytes) ✅ Massive splenomegaly,May show pancytopenia or anemia while Hairy Cell Leukemia clues are Dry tap (due to marrow infiltration by leukemic cells) ✅No teardrop cells, but "hairy" B-cells seen on TRAP stain or flow cytometry,Splenomegaly is common ,Pancytopenia, esp. monocytopenia

Cml,mylodesplatic syndrome, aplastic anemia

Massive splenomegaly wbc 2400 and other cell lines also low. It was Myelofibrosisi think? **Primary Myelofibrosis (PMF)**

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19. Question regarding von Willebrand Disease (vWD) Boy whose bleeding wasn't stopping . BT 15 APPT 45 ... Hemophilia A or vWD ?I marked glanzmann, Bt was 15 minutes, Aptt was prolonged as well45, Some say pt was 20 and aptt 45

BT 15prolonged .ApTT 46proloned yes VWD was correct

Von Willebrand Disease (VWD)Typical lab findings in VWD: Bleeding Time: Prolonged (due to defective platelet adhesion)

aPTT: May be normal or prolonged (if Factor VIII is low),PT: Usually normal,Platelet count: Normal

vWF antigen and activity tests: Decreased (to confirm diagnosis)

Desmopressim?

20.**Question regarding Contra indication for thrombolysis?** Icb in 6months, although warfarin was option too,,In that particular patient.. PUD Yes it was hemorrhage

Warfarin is CI with specific INR

I think it was 6 months with hemorrhage, it makes it relative ci

Question was that what is absolute CI in this particular patient and he was having hx of PUD

Intracranial hemorrhage is an absolute contraindication

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21.patient collapsed after IV urography Immediate step Epinephrine or Ventilation?

Some say You follow ABC, immediate is ventilation - Some say its Anaphylaxis so immediate epi

Nope. It was anphlaxis post contrast. Some say The patient had collapsed You secure airway and oxygenate

22.Best Answer: **Ampicillin + Sulbactam ==** ✅ **Gram + / – / anaerobes (broad-spectrum)**

Linezolid or Vancomycin Excellent for MRSA, but: ❌ No gram-negative ❌ No anaerobic coverage

Diabetic pt with ulcer= Linezolid?

Leg ulcer with all sorts of bugs and some gastric bugs .

Clindayaamoxil+salbactam ?

Some candidates marked clindamycin

Between clindamycin AndAmpicillin/supbactum

Linzolid and Vanco alagalag option may thy...

Vanc linezolid wont cover gut pathogens and rest . They are for MRSA etc

It was polymicrobes.

If ampicilin/bactum has same coverage as tanzo(pipercillin and tanzobactum) Then it suits more

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22.Tendon xanthomas = One was with Achilles tendon xanthoma **Tendon xanthomas & Yellow discoloration of eyelids** (likely xanthelasma) =Type IIa hyperlipoproteinemia

aka Familial Hypercholesterolemia if aps 1 was in option it could be distraction?

23.HSV-induced Erythema Multiforme = **zank smear** showing **multinucleated giant cells** ✅ → classic for **HSV**

What was that where kid has target lesion on palms ?Acyclovir?? **Treatment = Acyclovir**

Tzank smear –multinucleatedAcyclivir ..Staphylococcal? One candidate was saying No it was simple chicken pox.

Only antihistamine

24. A 50-year-old woman with known rheumatoid arthritis presents with symmetrical polyarthritis and new onset of shortness of breath. Chest X-ray shows pleural effusion. Thoracentesis is performed. Which pleural fluid test is most useful to support a diagnosis of rheumatoid pleural effusion?

A) Pleural fluid adenosine deaminase (ADA)
B) Pleural fluid glucose
C) Pleural fluid amylase
D) Pleural fluid triglycerides

polyartitis with pleural effusion..What to do Plueral fluid for sugar, ldh or wbc= **ANSWER Sugar**

25.**Leishmaniasis oral Rx? Miltefosine**

26.**Clarithromycin → Fainting → Prolonged QT → Torsades de Pointes** Took clarithro, fainted Fainted QT Syndromw??

27.**Dog bite vaccine schedule**I marked, i not sure 0,3,7,14,28

28.**there was Hemochromatosis question** with Features supporting Hemochromatosis, like tanning, diabetes, but hb was 13, and mcv 78?

29.Patient with recurrent admissions with history of shortness of breath due to pulmonary edema treated. Today came with the same complaints; had Echocardiography done which showed valve area <1cm , peak jet velocity I think 220ms, pressure gradient >10mmhg, and wilking score < 4 tha with mild pulmonary regurgitation. What is the initial treatment at this point?

A. Mitral valve replacement B. Mitral valve repair **C. Mitral valve balloon commissurotomy**

D. Don't know the optionE. loop diuretics

30**. One mcq IBD question focused on ulcerative colitis (UC). What will you find on ulcerative colitis biopsy**.

a.Loss of serosa**b.Loss of goblet cells**c.Granulomas.d.Something like inflammatory changes or inflammatory changes in serosa

31.Question **Parvovirus B19 PCR**-- HIV pt with CD4 35 with pallor and anemia, thrombocytoopeniatoo..what to do ..

a.B19 IgG b.B19igm**c. B19 pcr**d.Bone marrow biopsy

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31.A patient presents with **bloody diarrhea** and later develops a **right-sided abdominal mass**.=**Crohn's Disease (CD)**?

Why Crohn's Disease fits: Bloody diarrhea → While more classic for Ulcerative Colitis (UC), CD can cause bloody diarrhea if there's colonic involvement.**Right-sided abdominal mass** → This strongly suggests an **inflammatory mass** (phlegmon or abscess) typically in the **ileocecal region** — a hallmark site in **Crohn's Disease**.CD often causes:**Transmural inflammation** → leads to **fistulas**, **abscesses**, **strictures Skip lesions** Involvement of **terminal ileum and colon**, especially **right-sided colon**

32. confusing question related to Acute Fatty Liver of Pregnancy (AFLP)Meets Swansea criteria — *supports AFLP*

One scenario. Alt 4200Ast1200Tlc42000Pregnant a. Hellpb.Acutehepatitis c.Acute fatty liver of pregnancy

Old mcq dekhein to fatty liver of pregnancy banta ha

Knowledge dekhein to 42000 ALT dene par CPSP ka sir pharnabanta ha

Baki sepsis with MODS ya AVH options nechehain ... DIC to nae ban rhathauska

BP wase raised,Alt was way way higher than ast, Sugar was low .no help ... ya fatty liver ha ya AVH

Raised bp and creatinine wase deranged

Cpsp ka sir pharna banta ha pher . Low bsr is with FATTY liver or AVH

Two causes of more than 1000 alt. One ischemic second acute hepatitis.

That is why i marked acute hepatitis

PT was 16 and APTT was 45..

I too marked acute hepatitis due to this reason . It accomodates alt >ast . But raiser bp points to pre eclampsiacausinv help

Some say Actually that was Fatty Liver of pregnancy bus DIC ko changed howa ta, QBANK may likhahy k Fatty Liver of Pregnency may DIC hotihy r 42000 TLC was there with Low platlets and High PT APT

Fatty liver of pregnancy ? was it Dic? One participient was saying Glucose was low. Third trimester. It was fatty liver of preg

But her Pt aptt and platelets all were low

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DIC vs fatty liver of pregnancy question?

Pregnancy ,Fever, Alt 4200 ,Tlc42000??

This was Dic Platelets were low, pt and aptt both were prolonged.

Some candidates are saying acute fatty liver but I don't think it's the complete diagnosis

Some say Pt aptt were Normal

Some say Glucose lowYes glucose was 60

Some say Faty liver of preg

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32.Amyloidosis has 2 questions Features were of Amyloidosis for me, now you have to diagnose it.== I marked abdominal fats aspiration.

Amyloidosis with large tongue / fat pad biopsy Clues in recall:• Macroglossia ✅• Fat pad biopsy ✅

- Maybe CKD / neuropathy feature**Diagnosis: AL Amyloidosis** (Primary)

33. RA for 10 years, now features of amyloidosis? **Clues in recall:**Long-standing**Rheumatoid Arthritis** (RA) ✅Now has features like: **Proteinuria / CKD?** Possibly **diarrhea, hepatomegaly, neuropathy**?

✅Diagnosis: AA Amyloidosis **(Secondary)**RA is a **chronic inflammatory state**, leading to **AA amyloid** (SAA protein deposition)Kidney is commonly involved → **nephrotic syndrome…**GI and liver involvement also common

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34.**Zollinger-Ellison Syndrome (ZES) Diarrhea•Jejunalulcers•Hypercalcemia•** Asking: **Best initial investigation?Serum fasting gastrin level** ✅

35. Diabetic patient who “can’t get up” Likely refers to proximal lower limb weakness =**Diabetic Amyotrophy (aka Diabetic Lumbosacral Radiculoplexus Neuropathy)**

There was one with proximal muscle weakness with diabetes i guessAnother was ptncudnt stand from sitting position

36.**Male**, after **wife’s death**, develops **chest painST changes on ECG**, but **normal coronary angiography**
What is the diagnosis?**Takotsubo Cardiomyopathy**(aka: **Broken Heart Syndrome**, **Stress-induced Cardiomyopathy**)

37.**Car worker, lead? Yes**

38.Which brain tumor has a tendency to metastasize? **Correct Answer: Medulloblastoma**

39.Patient treated with ceftriaxone for STI, but symptoms recurred.What's the likely pathogen? Correct Answer: **Chlamydia trachomatis** Doxycycline 100 mg BID x 7 days OR Azithromycin 1g single dose ✅

40. Patient has esophageal ulcers Biopsy shows intranuclear + cytoplasmic inclusion bodies Diagnosis: CMV Esophagitis What's the treatment? Treatment: ✅ Ganciclovir (IV) 1st line: IV Ganciclovir

40. CHIEF MANISTER VIRUS CMV "Owl’s eye" intranuclear inclusionsCommon inIN HIVImmunocompromised patients (esp. CD4 <50 in HIV) … HIS HIV E CD4.23

Bacillary Angiomatosis (BA) Seen in Immunocompromised, esp. HIV with CD4 <100

41. **Whipple's Disease Small** bowel biopsy shows PAS-positive macrophages Classic presentation: arthritis + chronic diarrhea

41.PAS +VE IN WHIPPLE...>ALL FEATURES WERE GIVEN..W..WATERY DIAREACNS INVOLVEFLOATING STOOLS

42.Psychosomatic disorder or Conversion disorder= Womans father died now her BP foes up and down ?Psycho? Psychosomatic

Ataxic gait taYes but plantarsdowngoing all labs normal

43.HIV-positive patient Presents with purple (violaceous) skin rash/lesionsWhat's the diagnosis? **Kaposi Sarcoma (KS)**

44. Patient treated for abnormal cardiac rhythmNow presents with new-onset shortness of breath (SOB)

What’s the likely cause? **Amiodarone-induced Pulmonary Toxicity**

44. Opd visit now normal ecg drug to stop--> **amiodarone** ??

45.**Migraine**Rx?It was cluster headacheRecurrent headache what treatment to give ?**Sumutryptan**

46. Male patient Wheelchair-bound by age 15 Question relates to X-linked muscular dystrophy

Asked to identify type (likely options: Duchenne, Becker, Myotonic, etc.) **Correct Answer: Duchenne Muscular Dystrophy (DMD)** But only if he became wheelchair-bound before or around 12–13 years of age. If he's still ambulatory till 15, it's more likely Becker

47.Fever for ~1 week Mild hepatosplenomegaly Platelet count ~80,000Asking: Most likely diagnosis? **Falciparum malaria** Enteric fever?

48.Patient with ParkinsonismBut also has additional features (like autonomic dysfunction, cerebellar signs, or early falls)Question asks for the most likely Parkinson-plus syndrome Correct Answer: **Multiple System Atrophy (MSA)**

49.Old lady with Atrial Fibrillation (AFib) Presents with bloody diarrhea Colonoscopy or clinical exam shows inflammation up to splenic flexure Most Likely **Diagnosis: Ischemic Colitis**

50. Patient with multiple ulcers beyond the duodenal bulb, Ulcers also present in jejunum (which is unusual in regular PUD)

Suspected gastrinoma causing excessive acid secretion Diagnosis: **Zollinger-Ellison Syndrome**

51.**Two thyroid storm questions**. In one the options were Lugol, Dex, propanolol vs PTU DexaPropano

52. In second she had 104 fever 180 heart rate options were cooling vs Dexa/propanololetc

53.**Steroid-Remediable Aldosteronism (SRA)** Regarding conn syndrome CT normal tha steroid remediable aldosteronism

Isn't that for incidentaloma?

54.confusing MCQ- One mcq for me was wrong.All labs of secondary hyperparathyroidism, and ckd but no option of secondary hyperparathyroidism…. Yesi wasted many minutes on it… Wasted so much time on this mcqs

Some say Becz That was Tertiary…. Yehi sub se easy laga, but options were not matching

Calcium is not low in tertiary….Ca was 6.something….Ca was low

I marked dec excretion of PTH due to CKD

Pathophysiology was asked it's hormonal imbalance

Your MCQ scenario:Labs consistent with secondary hyperparathyroidism (high PTH, low calcium ~6 mg/dL) ,CKDpresent ,No option for "secondary hyperparathyroidism" given, Option of "tertiary hyperparathyroidism" present but calcium was low → excludes tertiary

What to do in exam:If calcium is low or normal, it's secondary hyperparathyroidism (even if option missing) ,If forced to choose, tertiary hyperparathyroidism would be wrong because calcium would be high, You can pick the option closest to pathophysiology:E.g., "Increased PTH due to hypocalcemia and phosphate retention in CKD" (secondary hyperparathyroidism mechanism), Don't waste time arguing too much — **pick the best fit and move on**

Key Takeaway:Low Ca + high PTH + CKD = Secondary hyperparathyroidismHigh Ca + high PTH + CKD = Tertiary hyperparathyroidism

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55.Something with bone pains low Hb and now got nephrotic syndrome,,Options were light chain nephropathy etc

It was Chronic GN?> **OR Multiple myeloma**

55.Kiya ek me MGUS tha? Signs of hypervuscosity like blurry vision headache. Also splenomegaly and LNs too.?

I did waldernstorm…Yes MGUS blurring with no CRAB… AikayMylomaawraik aim Walderstormtha

55. another version A 60-year-old male presents with **low back pain**, **proteinuria (0.5 g/day)**, and **low hemoglobin**. Which of the following is the most likely diagnosis?

A. Chronic Kidney Disease (CKD)
B. Multiple Myeloma
C. Systemic Lupus Erythematosus (SLE)
D. Ankylosing Spondylitis

56. a patient who **uses many painkillers** (especially NSAIDs or analgesic combinations) and develops **renal failure** is a classic presentation of **Acute Tubular Necrosis (ATN)** or **Analgesic Nephropathy**.

57.Confusing question **Gitelman syndrome vs barter ?**Urinary calcium 16 Mg 0.8 Was it Gitlleman? It was 0.69

- **Mg = 0.69 mmol/L** → Slightly low, fits Gitelman
- **Urinary calcium = 16 mmol/24h** → This is **high**, more typical of **Bartter syndrome** (which has hypercalciuria)
- **If urinary calcium was 0.69 mmol/24h** → That fits Gitelman syndrome (low urinary calcium)

Some say Urinary cal 16mmol/24?

So:If urinary calcium was **16 mmol/24h** → more consistent with **Bartter syndrome**

If urinary calcium was **0.69 mmol/24h** → consistent with **Gitelman syndrome**

Final tip:**Gitelman syndrome = low urinary calcium + low MgBartter syndrome = high urinary calcium + normal Mg**

57. another version more in favor of Bartter Syndrome Regarding gittlemanUrine calcium percentage was given 16 …. Mg o.65 ..Urine cal 14…. Age 17… some say It was 16 mmol

Gittel,ca was low

But 16 mmol is high

No calcium was high..16 in urinary...

24 hrs calcium is less than 400….normal range

It was written in stem that urinary calcium is high and it was 16 mmol/L not mg

I **marked barter**

High was not mentioned brother

Was mentioned..I read it 3 times

16 mmol equals 640 so it's high

58. Rusty sputum is a classic hallmark of Streptococcus pneumoniae (pneumococcal pneumonia).

58.Patient with sudden high grade fever chest pain hemoptysis and symptoms improved without antibiotics in one week.

This was with rusty sputum and lobar pneumonia ..Pneumococcus

59.**Raised ALP + Jaundice** → Cholestasis/obstruction

Something about jaundice raised ALP. Some kind of obstructive jaundice question. They asked which investigation to do.

MRCP (Magnetic Resonance Cholangiopancreatography)

Obstructive jaundice

MRCP CT etc…Yes that mcqs head of pancreas

60.One was amenorrhea, LFTs deranged, NAFLD or autoimmune

If amenorrhea + deranged LFT + autoimmune markers → AIH likely

61.PBC 2 scenarios..One question about AMA 1:360 or something

•**AMA** is highly specific for **Primary Biliary Cholangitis (PBC)** (formerly called Primary Biliary Cirrhosis)

- Positive AMA at titers like **1:40, 1:80, 1:160, or higher (e.g., 1:360)** supports diagnosis of PBC

62. All immunoglobulin classes low (IgG, IgA, IgM) → H**ypogammaglobulinemia** ..Recurrent chest infections Total protein = 57 g/L (normal ~60–80 g/L) Likely low globulins (if albumin normal) Age = 50 years This scenario clearly **points toward a common variable immunodeficiency (CVID**) or a combined immunodeficiency — but most likely CVID, given the adult age and hypogammaglobulinemia

62. A young adult has recurrent sinopulmonary infections and diarrhea. Laboratory tests reveal low IgG, IgA, and IgM levels. What is the most likely diagnosis?

A) Hodgkin lymphoma
B) Non-Hodgkin lymphoma
C) Common Variable Immunodeficiency
D) Selective IgA deficiency

63. stroke vs neuromuscular junction related question ? Between NMJ and brainstem stroke. It was very mixed scenario, patient had earlier like one week or 3 days back symptoms of TIA, but now both limbs with low power, sensory intact??

NMJ . It was quadriparetic in evening round . Strokes dont involve all 4 limbs

Patient with prior TIA-like symptoms (3 days–1 week ago), Now quadriparesis (weakness in all 4 limbs)

Sensory intact, Evening worsening (seen during evening round), Options included NMJ disorder vs brainstem stroke, Clue 1: Quadriparesis with sensory sparing, Suggests a motor-only lesion..Brainstem stroke (like pontine infarct) can cause quadriparesis, BUT often involves:Cranial nerve findings ,Sensory loss, Altered consciousness in severe cases, Here, sensory is intact → stroke becomes less likely

Clue 2: Fluctuation / progression (worse in evening)..Very typical of neuromuscular junction (NMJ) disorders, especially:Myasthenia Gravis (diurnal variation — weakness worsens throughout the day)Possibly Lambert-Eaton (though it improves with exertion)

Clue 3: No upper motor neuron signs ,No mention of spasticity, hyperreflexia, Babinski → less likely central (UMN) stroke ,Suggests peripheral motor pathway (i.e., NMJ or lower motor neuron)

Most likely diagnosis: NMJ disorder (e.g., Myasthenia Gravis)Motor weakness onlyFluctuating ,No sensory loss, Brainstem stroke unlikely due to lack of CN involvement and sensory signs ,Quadriparesis without UMN signs = not a typical stroke picture

What about the history of TIA?That may be a distractor or unrelated — or possibly a misdiagnosed earlier MG episode, Remember: MG can start with ocular/bulbar signs that mimic TIA-like presentations (e.g., slurred speech, diplopia)

final Answer: ✅ Neuromuscular Junction disorder (like Myasthenia Gravis)

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64.Question related to **recurrent TIADAPT vs Asprin**

TIA... DAPT Single . ABCD score was 1 Some say Loprin only Some say it was Recurring TIA – DAPT If recurrant tan DAPT History of TIA and DM plus 60years age

•If truly recurrent TIA → ✅ DAPT indicated•If truly first-ever TIA, ABCD² = 1 → ✅ Single antiplatelet only

BUT you also said:"History of TIA + DM + age 60"So even if the **ABCD² was stated as 1**, the **clinical reality points to a moderate-to-high risk case → DAPT** justified, especially if recurrent.

Final Answer: DAPT (Aspirin + Clopidogrel), if:TIA was **recurrent**, OR ,ABCD^2 was **underestimated** in stem (which is likely)

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65. Pancytopenia + Hypocellular bone marrow**, then:= Aplastic anemia** is the classic, diagnosis.

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Wo aplastic anaemia parvo infection how tha ??HIV me parvovirus? I did bone marrow

65.If the question had **HIV + pancytopenia + hypocellular marrow**, and Parvovirus was mentioned or implied → **Parvovirus-induced aplastic anemia** is a **valid and correct answer**

66. first question about **Viral meningitis**

Fungal meningitis tha diabetic mn?This was very confusing.

Csf suger= 60 Protein = 50, Total = 12 or 20 cells , and lymphocytes predominant

There were 2 questions, And this one where there were only 12 cells that's viral

67. **2nd Question Tuberculous meningitis (TBM)** And there was another with 100 or so lymphocytes and that was fungal

Sir wo to tbmwala ta, if i am not wrong. Protein = 110Glucose only=30Setum glucose=11080 percent lymphocytes. And total history of around 3 weeks and it has also mentioned cxr normalBht low csf glucose thatbmlgaOne was viral and other TB due to low Glucose

67. Viral csf x 2 iguess …Low protein low glucose and high lymph (TB)

Some say it was Fungal becauseAfb was –ve ,,, Some say One was TB one was fungal

68.**sexually transmitted infection (STI)** scenario, likely pointing toward **Chancroid**, caused by **Haemophilusducreyi**. **Vulvar swelling**,**Inguinal mass** (likely painful bubo)Options included:"**Simple Ducreyi**""**Killed Ducreyi**"Possibly culture/PCR optionsFinal Answer: **Simple Ducreyi** (i.e., culture or smear for *H. ducreyi*)

There one scenario with vulva swelling and inguinal mass Investigation was askedDucrei something options were there

One simple ducreiOne with killed ducrei

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69. A 50-year-old woman presents with depression, constipation, kidney stones, and elevated serum calcium and parathyroid hormone levels. Which of the following is the most sensitive test to localize the parathyroid adenoma before surgery?

A) Neck ultrasound (USG)
B) Technetium-99m sestamibi scan
C) CT neck
D) MRI neck

- **Sestamibi scan** is the best non-invasive imaging to localize parathyroid adenomas.
- Neck ultrasound is useful but less sensitive, especially for ectopic glands.

69.Parathyroid investigation Usg? I marked usg One option was Sesamat something

Hyperparathyroidism investigation..CT or mibiscan..Sestimobi

What's the **investigation** for parathyroid abnormality?" — interpretation depends on **what stage** the question is referring to

Step 1: Biochemical Diagnosis Serum calcium → High**PTH** → High or inappropriately normal**Phosphate** → LowThese confirm **primary hyperparathyroidism**

Step 2: Localization (Pre-op Planning) once PHPT is confirmed biochemically, localization of the adenoma/gland is done before surgery. ltrasound neck ✅ Widely available, good for superficial glands ,Sestamibi scan (Technetium-99m) ✅ Gold standard for localization

70.Celiac Disease = **Folate ↓ + Ferritin ↓ + Ca ↓** → Strongly supports **Celiac Disease**

Folate low, ferritin low ca lowCeliac?

70. A 25-year-old patient presents with malodorous steatorrhea, muscle weakness, low serum calcium, macrocytic anemia (MCV 114), and low vitamin B12 and folate levels. What is the most likely diagnosis?

A) Cystic fibrosis
B) Chronic pancreatitis
C) Celiac disease
D) Pernicious anemia

71.CKD patient on hemodialysis (HD) Anemia (low Hb) Already on Erythropoietin (EPO) Question asks: what next?Already on EPO but still low Hb → suggests iron-restricted erythropoiesis IV iron ✅ Preferred in CKD on dialysis, especially with ongoing EPO therapy

72.**Regarding sarcoidosis**In that patient skin and liver was normal but PT has dry cough and shortness of breath...

Option was..ObserveSteroidFinal Answer: **Steroid**

Azathioprine+steroid

72. Another question Sarcoidosis stage 2 treatment--> monitoring

72. .SARCOIDOSIS STAGE 1 > OBSERVE AND KEEP SURVIELANCE

73. But there was another with facial pasy, and some other features were also givenDlco was low with b/l parotid swelling

Was it sarcoid?Facial palsy (cranial nerve VII) Bilateral parotid swelling Low DLCO (indicates pulmonary interstitial involvement) This is a classic constellation for neurosarcoidosis with systemic involvement. Diagnosis: Sarcoidosis (very likely) nd more specifically — this pattern suggests: 🟡 **Heerfordt Syndrome:**

74.There was a pulmo question suspecting tumor. Do CT first or laryngo with biopsy etc such options Answer was ithk ct?No Bronch with Biopsy was answer

CXR then CT the. Brocho the. Percutaneous if needed

Hilar mass bronchoscopy with biopsy

It was close to hilum and Rec laryngeal nerve involve so next best investigation is Bronch with Biopsy

Mass near hilum → suggests central lesion ,Recurrent laryngeal nerve involvement → hoarseness = suggests locally invasive tumor, Biopsy is needed for definitive diagnosis before treatment planning **Final Answer: Bronchoscopy with Biopsy**

=-=

75.rearding**Acute Intermittent Porphyria (AIP)**question.. Neurovisceral symptoms: abdominal pain, neuropathy, psychiatric symptoms

Biochemical hallmark: Elevated urinary porphobilinogen (PBG) and delta-aminolevulinic acid (ALA) during attacks Genetic cause: Mutation in HMBS gene (also called PBG deaminase),If the question asked for confirmatory genetic test — then HMBS gene mutation is the answer.,But for diagnosis and acute attack confirmation — urinary porphyrins (especially PBG) are key.

Acute Intermittent Porphyria (AIP) One was with a female with AIP...neuropsysynp abdominal pain...Urinary porphyrin raised... genetic test for HMBG ,Plasma urine porphyrin by spectroscopy ,Erythrocyte porphyrin

75.One was AIP scenario..phorpobilonegen was given ... further investigation was asked to confirm diagnosis...

75. .A 28-year-old woman presents with severe abdominal pain, hallucinations, and motor neuropathy. Her urine is dark-colored and shows elevated porphobilinogen. What is the most appropriate confirmatory test?

A) Erythrocyte porphyrin level
B) Plasma and urine porphyrin by fluorescence spectroscopy
C) Genetic testing for hydroxymethylbilane synthase (HMBS) mutation
D) CT abdomen

First-line screening during acute attack = Urinary PBG (porphobilinogen)

76.2 Questions on **Tumor Lysis Syndrome (TLS)** One with uric acid 9 and creat raised to 2 i think ... after ABVD

2nd was having raised potassium phosphate uric acid

Some say 3 questions from TLS,One me allopurinol ,Other 2 dx karne the as TLS.

Tumor lysis preventionAllo or NS

Rearding Tumor lysis questions **If uric acid already elevated or AKI present:** ➡ Consider **rasburicaseFor prevention:** ✅ **IV fluids + allopurinol**

IV hydration (NS) =Most important preventive step **Allopurinol** ✅ = Prevents uric acid formation (xanthine oxidase inhibitor)

=-=

77.Female diarrhea, UMN facial palsy

Nurse of resident home where children have diarrhea Presenting with unilateral facial palsy of upper motor neuron type plus palpable purpura..treatment?

Id did antibiotic thinking of abcess in brain

Aik scenario ta acute diarrhea ka bachon ko b hua ta… Mother ko b symptoms ty…30 year old female teacher

Yes daycare ma ,Daycare lady with TTP Plsma x change

Options mai IVIG Plex

Option were Antibiotic ,IVIG , Plasmapheresis ,IV steroids ,, Botulism tu nae tha??

Diarrohea related question Most likely possibilities: Guillain-Barré variant with cranial nerve involvement (e.g., Miller Fisher)Immune-mediated small vessel vasculitis post-infectionCampylobacter-related neurologic syndrome (GBS, cranial nerves)

78. **RA with foot drop due to vasculitic neuropathy** = treat with **high-dose steroids**

RA, foot drop treatment? Steroid vasculitis tha, RA with foot drop tx Radiation? Or Steroid? Sory. Surgical

79.**classic case of Klinefelter Syndrome**. Patient gynectomatia, enuch testies infertility 47xxy

Klinfelter was one with low hair in axilaetc

80.In **digoxin toxicity with junctional rhythm + bradycardia (HR 50)** and **elevated digoxin level**, the safest and most definitive treatment is: ✅ **Digoxin-specific antibody fragments**

Anyone has any ideaRegarding diagoxin toxicity.

As far as iremember, it mentioned ECG is normal, that is why i marked, observation and normal saline.

Digoxin toxicity level was highti thought antidot

ECG had juntiona ltachy

Junctional Tachycardia was there but heart rate was 50..

One option was Antidote

2nd option was antidote with beta blocker

I select antidote

Antidote Kisi AUR ka answer tha ..digoxin wale main dig fab fragments n iv phenytoin tha

81.Pt had high **lactate** 60mmol/l with CVP 2cm and CO 1.5L **what type of shock**

A.Hypovolemic B.Septic C.Cardiogenic

Hypovolemic Lactate was high ,Mild, it was more than 4

Hypovolemia

Septic shock

Cardio output 1.2 litre , Cvp is 2cm ,, Lactate was high 30?

Option 1.CHF2. Hypovolimixmc shock3. … ,4,…. ? I think it was Hypovolemic .low jvp raised ldh

82. Scenario rearding **Churg-Strauss syndrome** (now called **Eosinophilic Granulomatosis with Polyangiitis – EGPA**) even if **ANCA was negative** Ek scenario me saari keys CHURGstrauss ko support krrahiti, rhinusinusitis , wheezes, xry shows fleet something but ancanegative, i still marked CHURGstrauss

Churg-Strauss (EGPA) even though **ANCA was negative**.ANCA negativity **does not rule it out** — especially when **asthma + sinusitis + lung infiltrates** are there.

82. another version **Questions regarding Fleeting shadows on cxr ?** But ANCA negative Wheezes as well Best fit in your stem = **ABPA**

Asthma + fleeting shadows → ABPA

Asthma + systemic vasculitis signs → Churg-Strauss

82. another version A patient with a history of asthma and recurrent rhinosinusitis presents with foot drop and peripheral neuropathy. Blood tests reveal eosinophilia and positive p-ANCA. What is the most likely diagnosis?

A) Granulomatosis with polyangiitis
B) Microscopic polyangiitis
C) Churg-Strauss syndrome (Eosinophilic granulomatosis with polyangiitis)
D) Polyarteritis nodosa

83.**Alopecia** areta = HAIR LOSS Hair loss with eyebrows hair loss n beared hair loss? Marked alopecia aerate

84. post-PCI femoral access site complication = **Retroperitoneal bleeding**

Post PCI BP 70/50

Retroperitoneal bleeding

Abdominal aortic aneurysm

Retroperitoneal

Retroperitonial fibrosis

Was is retroperitoneal bleeding, afterpci ,i guess through femoral artery, and bleeding managed with pressure?

84. .A 72-year-old male with a history of CABG presents to the ED with sudden severe lower back pain and collapse. On examination, he is hypotensive, tachycardic, and confused. What is the most likely diagnosis?

A. Inferior MI B. Pulmonary embolism C. Ruptured abdominal aortic aneurysm ✅ ✅ Correct : . d.Aortic dissection

85.. A 65-year-old male with a history of **myocardial infarction** and **severe atherosclerosis** undergoes **coronary angiography**. A few days later, he develops **acute kidney injury**, **eosinophilia**, and **painful cyanotic toes**. What is the most likely cause of his symptoms?

A. Acute Tubular Necrosis (ATN)
B. Cholesterol embolization syndrome
C. Drug-induced nephropathy
D. Renal artery thrombosis

86.. A patient with a femur fracture dies 4 days later. Autopsy reveals petechiae on the brain and lungs. What is the most likely cause?

A) Fat embolism syndrome
B) Meningitis
C) Cerebral hemorrhage
D) Pulmonary thromboembolism

86.A patient with a recent long bone fracture dies suddenly. Autopsy reveals pale areas in the brain consistent with ischemia and multiple cholesterol emboli in small cerebral vessels. What is the most likely cause of death?

A) Fat embolism syndrome
B) Brain hemorrhage
C) Meningitis
D) Cerebral aneurysm rupture

87 .There was some mass with left hilar shift , left diaphargm was up Raised left hemidiaphragm , what to investigation..Ct was answer?

88.There was one with **backer cyst** asked for investigation ? Ultrasound?

89 .**Marathon runner low sodium tx** ? Sodium 123 bp high? No it was LiddleLiddle syndrome

89. Patient ran a **marathon and fainted** and had jerky movements or something. Friend said he had headache an hour before. Now fully conscious, BP high, sodium 123. **Management was asked**

89. 2 mcqs of marathon race ,unconscious, free water restriction,loop diuretics or normal saline

89. A 29-year-old male **completes a marathon and shortly after develops headache, fainting, and jerky movements**. He is now fully conscious, but his **blood pressure** is elevated, and his serum sodium is **123 mmol/L**. What is the most appropriate initial management?

A. Immediate administration of oral sodium chloride
B. Fluid restriction and observation
C. IV normal saline (0.9% saline)
D. IV hypertonic saline (3% saline)

The patient's **severe hyponatremia (123 mmol/L)** and neurological symptoms (headache, fainting, jerky movements) suggest **exercise-associated hyponatremia** with potential **cerebral edema**.

In cases where **hyponatremia is mild to moderate** (e.g., sodium levels above **125 mmol/L**) and the patient is **asymptomatic or has mild symptoms**, **fluid restriction** can be the first step in management.

90. A patient has bilateral pupils that are midline and non-reactive to light. Which brain area is most likely involved?

A) Midbrain
B) Pons
C) Medulla
D) Cerebellum

Original recalls = **One mcq was, which part of brain is involved. ..**Midbrain , WAS ANSWER

Cerebellum ? Pons ? Medulla? 2nd ya 3rd nerve involve thi ... midbrain

Some say Aik may midbrain thaawr aik may pons Loss of pupillary light reflex Pons kis mn tha?

Main frontal lob function disturb thay… It was mentioned mid line pupils not reactive to light...

206. another version A patient has an absent pupillary light reflex. Which brain area is most likely involved? Mid brain

A) Lateral geniculate body
B) Edinger-Westphal nucleus
C) Superior colliculus
D) Oculomotor nucleus

Absent **consensual but present direct light reflex** (efferent defect)= Edinger-Westphal nucleus or CN III

91. A 60-year-old male with a history of **progressive shortness of breath** and **dry cough** presents with **pulmonary nodules** and **URTI symptoms**. Chest X-ray shows **lower zone fibrosis**. Which of the following is the most likely diagnosis?

A. Tuberculosis
B. Sarcoidosis
C. Idiopathic Pulmonary Fibrosis
D. Bronchogenic carcinoma

92. A patient presents with chronic cough and dyspnea. Examination reveals digital clubbing. Chest X-ray shows bilateral lower zone infiltrates. Blood tests reveal peripheral eosinophilia. What is the most likely diagnosis?

A) Idiopathic pulmonary fibrosis
B) Chronic eosinophilic pneumonia
C) Bronchiectasis
D) Sarcoidosis

93. 22y old with pus cells in urine, lower abdominal pain Next inx U/S **Ultrasound**??

93. A 23-year-old unmarried woman presents with dysuria and recurrent UTIs. Her urine culture repeatedly shows mixed growth. A fistulous connection between bowel and urinary tract is suspected. What is the next most appropriate investigation?

A. Per-vaginal examination B. CT scan of abdomen and pelvis C. Pelvic ultrasound ✅ Correct Answer: C. Pelvic ultrasound D. Diagnostic laparoscopy

94. Found unconscious with alcohol. What to do ? Blood gas?

Alcoholic 3/15 CT ? Yes ct r/o SdH Some candidates say Abgs immediate

Some say 27 age Young me SDH was not possible

95. Renal vein thrombosis 2,3 qstns

96. **RENAL Vein THROMBOSIS** ... Kidney Diseases Associated with **Loss of AT3** and **Renal Vein Thrombosis:**

97. A 65-year-old man presents with a **persistent bad breath** (halitosis), **difficulty swallowing**, and a sensation of food being stuck in his throat. He reports that food often regurgitates back into his mouth, particularly when lying down. A **barium swallow** reveals a pouch-like structure above the **upper esophageal sphincter**. What is the most likely diagnosis?

A. Achalasia
B. Zenker's Diverticulum
C. Esophageal Cancer
D. Gastroesophageal Reflux Disease (GERD)

98. Indication for dialysis= **Refractory hyperkalemia**

Immediate step for hyperkalemia== Calcium gluconate

Maintenance dialysis in FSGS--> refractory hyperkalemia

99. A young woman on oral contraceptive pills develops deep vein thrombosis. Which of the following is the most likely underlying cause?

A) Factor V deficiency B) Factor V Leiden mutation **Answer:** ✅C) Antithrombin III excess D) Protein C deficiency

100. Resistant tb sun stain at exposed area… ATT induced

MDR TB treatment Now with skin tanning

Addison

Addison Normal TB k sathhota MDR tb k treatment se tanning hoti

100. A patient with Cushing's disease undergoes bilateral adrenalectomy. Months later, he develops hyperpigmentation and visual field defects. What is the most likely diagnosis?

A) Addison's disease **B) Nelson's syndrome** C) Pituitary apoplexy D) Sheehan's syndrome

101. IgA Nephropathy (Berger's disease) i**mmunofluorescence** in IgA nephropathy shows **mesangial IgA deposits**, not linear patterns

Proteinurea and hematuria 2 days after sore throat

Was it Berger , mesangial proliferative?

I think it was Linear iga?

102. MCQ involving **Autoimmune Polyendocrine Syndrome (APS)** If the MCQ mentioned: **Candidiasis Hypoparathyroidism** Onset in a **young personAddison's disease**→ ✅**Yes, that's APS Type 1**

103. **dental caries** + **dry mouth** was in the stem → **Sjögren's Syndrome** was the correct answer.

104. Moderate liver abscess resolve on u/s how much time?? **6 months**

105. .Left atrial myxoma

A patient presents with exertional dyspnea, intermittent fever, and a mid-diastolic "**plop" sound** on cardiac auscultation. Blood tests show leukocytosis. Echocardiography reveals a mass in the left atrium. What is the most likely diagnosis?

A) Infective endocarditis **B) Atrial myxoma** C) Mitral stenosis D) Pericardial effusion

106. A 30-year-old female on **anti-tubercular treatment (ATT)** presents with **malar rash**, **arthralgia**, and **photosensitivity** after several weeks of therapy. She also has a **positive anti-histone antibody** test. What is the most likely diagnosis?

A. Systemic lupus erythematosus (SLE)
B. Drug-induced lupus erythematosus (DILE) due to isoniazid
C. Rheumatoid arthritis
D. Mixed connective tissue disease

106. another version A patient started on hydralazine develops facial rash, arthralgias, and photosensitivity. Which antibody is most likely positive?

A) Anti-dsDNA
B) Anti-Sm
C) Anti-histone
D) Anti-Ro (SSA)

107 .Lower limb weakness more than upper limb**--> Anterior cerebral artery**

107..POWER LOSS MORE IN LOWER LIMBS> ACA

108.Pulmonary Embolism Question I marked V/Q scan

C-Section was done, baby was delivered, so no toxicity to baby, V/Q perfusion scan will effect breast tissue thats why CTPA..🙃

Actual stem was pregnant lady having varicose vien and previous baby deliver via c section..now develops sob ,chest pain...mean PE symptoms...=-=

108. One was female has varicose, she's post partum lactating CTPA I chose-- some candidates clicked duplex Doppler leg

109. Lead poisoning with .Foot drop + microcytic anemia--> **lead poisoning**

110. Scenario of **dermatomyositis** **Dermatomyositis** ab--> JO-1

111. A 15-year-old boy with a known history of chronic anemia presents with sudden onset right-sided weakness and speech difficulty. MRI brain reveals an infarct in the left middle cerebral artery territory. His peripheral blood smear shows sickled red cells. Which of the following is the most likely underlying cause of his cerebral infarct?

A) Sideroblastic anemia
B) Autoimmune hemolytic anemia
C) Myelodysplastic syndrome
D) Sickle cell anemia

112. .Upper limb weaknes atrophy plus hyperreflexia--> **MND**

113. .Carcinoid syndrome--> octreotide

114. Myxedema coma- Ek my hyporeflexia options were myxedema or something I marked hypo

115. 136. A 55-year-old patient has been taking **celecoxib** regularly for 4 Years for osteoarthritis. He now presents with acute renal failure, rash, and fever. Urinalysis shows eosinophils. What is the most likely diagnosis? **Acute Interstitial Nephritis (AIN)**

A) Acute tubular necrosis
B) Acute interstitial nephritis
C) Minimal change disease
D) Chronic glomerulonephritis

116. ST elevation+ PR depression scenario--> acute pericarditis..Ek pericarditis ya myocarditis tha ST changes thay..Prdepression.. PR and widespread ST.. Something else was there too

I think diffuse segment elevation and PR depression was mentioned,

117. **Constrictive Pericarditis scenario -**Scenario mentioned description of Kussmulsign ,... kassmaullikha nae tha but sign explain kiyawatha... acute hone ki koi reason nae mentionthi-Scenario said that jvpdidnt fall down in inspiration. So**its constrictive**a.Restrictive cardiomyopathyb.Cardiac tamponade c.**Constrictivepericarditis =answer**

d.Acute pericarditis **e.Restrictive pericarditis.**

Aik tou clear scenario of **cardiac tamponade**Beck triad wala

A patient presents with abdominal swelling, peripheral edema, and elevated **JVP that does not fall on inspiration**. He had valve replacement surgery 1 year ago**. Chest X-ray shows sternotomy clips**. What is the most likely diagnosis?

A. Cardiac tamponadeB. Constrictive pericarditis ✅ answer**C. Acute pericarditisD. Restrictive cardiomyopathy**

118. **Surgery House officer (HO) question Surgery Floor**--DW.orNSSurgery ward patient hypotension IV NSHo dextrose hyponatremia5% dextrose overnight-->**hyponatremia**Old age surgical BP normal, sodium low?

One was patient in surgery watd with low bp,optins were saline vs hemocel?Saline answer

119. There was no ropinirole in options ... Only bromocrptine was given ...

Stem showed 53 yr old new onset parkinsonspatient . Stem me ghuma k last par they just asked which one is dopamine agonist drug and answers me 1 hi thi ...The question was of Parkinson's disease and dopamine agonist

Selegelline was in option, Ropinirole was not given

Parkinson maibromocriptnedetyhai?a levob carbie brom

Selegiline is not a dopamine agonist — it's an MAO-B inhibitor. Bromocriptine is a dopamine agonist → though not commonly first-line now, it's pharmacologically correct.

119. Drugs konsidenithi corporate banday ko 53 yr old with 1 arm difficulty writing and bradyk8nesia

Selegeline

Bromocyptine

Levodopa.

Carbidopa

Bromo, dopamine agonist answer?

120. Knee surgery on rivaroxaban what to do? 3 days before

a.Stoprivo 3 days prior to surgery = coorectb.7 days priorc.Stoprivo 3 days plus LMWHd.Stoprivo 7days plus LMWH

121. Vesicle on ear with facial weakness--> **Ramsay hunt syndrome**

122. .. IV drug abuser prophylaxis in IE--> vancomycin?? IVDU An intravenous drug user presents with infective endocarditis and chest X-ray showing cavitary pneumonia with air-fluid levels. Blood cultures are pending. Which antibiotic should be started empirically?

A) Vancomycin
B) Gentamicin
C) Penicillin

Since **clindamycin** wasn't an option and this is an **IV drug user with infective endocarditis** plus cavitary pneumonia (likely septic emboli), **MRSA coverage is crucial**.

123. Fibromuscular Dysplasia and Renal Artery Stenosis (RAS)

A 30-year-old woman presents with new-onset hypertension and a bruit over the abdomen. Angiography shows a "string of beads" appearance in the renal artery. What is the most likely diagnosis?

A) Atherosclerotic renal artery stenosis
B) Fibromuscular dysplasia
C) Takayasu arteritis
D) Polyarteritis nodosa

124.PPM implant-->One with **Ppm** has features of cardiac tamponade or something not sure

a.Restrictive**b.Constrictive**c.TemponadeI think it was **Constrictive** - It was Post valve replacement?

125.12 year old child with back pain and unable to urinate with 103F temperature what was the answer?

Transverse myelitis... **MRI**Urinary incontinence lower limb weakness-->**MRI spine**

126.Nurse vaccinated--> HBsAg-ve+ HbsAb +ve

127. Ppi k baad **interstitial nephritis** wale features

A patient started on **omeprazole** develops rising serum creatinine after 4 weeks. Urine shows pyuria and eosinophils. What is the most likely diagnosis?

A) Acute tubular necrosis
B) Acute interstitial nephritis
C) Glomerulonephritis
D) Nephrotic syndrome

128. **Systemic Sclerosis (Scleroderma) = Anti-Scl-70**Ek tha lady has heartburn n joint aches test btaen.Options were antibodiesSCL70

and other options

128. A 45-year-old woman presents with progressive dysphagia, heartburn, and joint pains. On examination, there is no skin thickening. Which of the following antibodies is most useful to confirm the suspected diagnosis?

A) Anti-Scl-70 (Anti-topoisomerase I)
B) Anti-Ro (SSA)
C) Anti-La (SSB)
D) Anti-dsDNA

129. A hypertensive patient develops a significant rise in serum creatinine one week after starting an ACE inhibitor. What is the most appropriate next investigation? **renal artery stenosis**

A) Renal biopsy
B) MR renal angiography
C) Ultrasound abdomen
D) 24-hour urine protein

130. A patient presents with a painful, tender enlarged thyroid gland, fever, and elevated ESR. What is the most likely diagnosis?

A) Hashimoto's thyroiditis
B) De Quervain's thyroiditis
C) Silent thyroiditis
D) Thyroid carcinoma

131.U1RNP in MCTD A 24-year-old woman presents with Raynaud's phenomenon, photosensitivity, and skin tightening. She has joint pains and swollen fingers. Which of the following antibodies is most likely positive in her serum?

A) Anti-Scl-70
B) Anti-U1 RNP
C) Anti-dsDNA
D) Anti-Ro (SSA)

132.TTp diagnosis

133.TTP management--> plasmapheresis

134.Good pasture diagnosis

135.AntiGBM in good pasture

136.Polyarteritis nodosa

137**. Duchenne muscular dystrophy is inherited in which manner?**

A) Autosomal dominant B) X-linked dominant C) X-linked recessive **D) Autosomal recessive**

138. A 35-year-old female has been admitted multiple times for **abdominal pain**, but examination has always been normal. She now presents with **lower limb weakness**, but a **neurological examination** is normal. What is the most likely diagnosis?

A. Guillain-Barré Syndrome (GBS)
B. Spinal cord lesion (e.g., myelitis)
C. Functional Neurological Disorder (FND)
D. Hypokalemic Periodic Paralysis

139. A 32-year-old man is brought to the ER by police due to extreme agitation, shouting, and paranoia. He is hyperthermic and hypertensive. Friends report recent cocaine binge. What is the most likely diagnosis?

A) Schizophrenia **B) Cocaine-induced psychosis** C) Alcohol withdrawal D) Serotonin syndrome

140.CML treatment-->imatanib

141.102 F with 80 bpm pulse--> typhoid

142.Oral ulcer with lesion in lower limb->behcet , young with rash oral ulcers joint pains bechets **behçet's Disease**

143. **Migratory thrombophlebitis (Trousseau's syndrome)** A patient presents with recurrent episodes of migrating superficial thrombophlebitis. Which underlying malignancy should be suspected?

A) Colon cancer
B) Pancreatic cancer
C) Prostate cancer
D) Breast cancer

144. A patient with **chronic kidney disease (CKD)** presents with **hypocalcemia**, **hyperphosphatemia**, and a **PTH level of 200**. Which of the following is the most likely diagnosis?

A. Primary hyperparathyroidism due to CKD
B. Hormonal imbalance
C. Decreased renal clearance of PTH due to CKD
D. Secondary hyperparathyroidism due to vitamin D deficiency

Secondary hyperparathyroidism due to **CKD** occurs because the kidneys are less able to excrete phosphate and activate **vitamin D**, leading to **hypocalcemia** and **hyperphosphatemia**. This triggers an increase in **PTH** production.

145. A patient with atrial fibrillation presents with a blood pressure of 88/55 mmHg and signs of poor perfusion. What is the next best step?

A) Start rate control with beta-blockers
B) Administer digoxin
C) Immediate synchronized electrical cardioversion
D) Start anticoagulation only

146.Bitemporal hemi anopia > sphenoid surgery

147. A 5-year-old boy presents with a **palpable purpura** on his **lower limbs** and **buttocks**, along with **abdominal pain** and **bloody stools**. His mother reports that he had a **recent upper respiratory tract infection**. What is the most likely diagnosis?

A. Kawasaki disease
B. Henoch-Schönlein purpura
C. Scarlet fever
D. Acute leukemia

148. .One MCQ. Us me rapid worsening of rfts, the.Options were

a. Rapidly progressive b.Goodpasturec. Wegners.

Mene Rapidly progressive lagaya, k both good past and wG are part of Rapidly progressive????

If Only rapid renal failure mentioned click Rapidly Progressive GN

If Hemoptysis + anti-GBMselect **Goodpasture's**

If Sinus + lung + cANCA then select Wegener's

if stem says:"Patient presents with rapidly worsening renal function, hematuria, no systemic signs."=Rapidly Progressive GN

149. A patient presents with resistant hypertension and hypokalemia. Laboratory tests reveal low plasma renin activity and high serum aldosterone. What is the most likely diagnosis?

A) Secondary hyperaldosteronism
B) Conn syndrome (primary hyperaldosteronism)
C) Renovascular hypertension
D) Cushing's syndrome

150 Male with secondary infetility, **previously has 2 healthy children**…Yeh wala ajeeb tha..Usko gynaecomastia bhi hogya tha ,Patient already had 2 babies.**Estradiol**?

Tests poochy thy-- 2 babies father was now getting gynaecomastia, test was asked

Likely Differential Diagnoses

1.Testicular failure (secondary hypogonadism)

2.pituitary or hypothalamic dysfunction = → Low LH/FSH → ↓ Testosterone → infertility + gynecomastia

3. Exogenous steroids / Anabolic steroid withdrawal= → Shuts down LH/FSH → low endogenous testosterone → testicular atrophy + gynecomastia

Tests to Consider =**Serum testosterone, LH, and FSH**

Serum TestosteroneAssess androgen status

LH & FSH = Differentiate primary vs secondary hypogonadism

Prolactin= High prolactin can suppress GnRH → infertility & gynecomastia

Estradiol (E2)== If gynecomastia is prominent

A 45-year-old man with two children presents with recent onset impotence. What is the most appropriate initial laboratory test? (i.e., secondary infertility or erectile dysfunction developing later) A) Serum total testosterone

150. A 50-year-old man with 3 children presents with recent onset bilateral breast enlargement (gynaecomastia). What is the most appropriate next step?

A) Measure serum testosterone and LH/FSH
B) Test for 17-ketosteroids
C) Immediate breast biopsy
D) Serum hCG

151. .Patient with ischemic stroke presented in 3.5 hours previous had heamatesis due to duodenal ulcer bp 170/90 wat will u give A.aspirin B.warfarin C.alteplase **D.supportive**

Rationale: In this case, **alteplase** (C) is contraindicated due to the **recent gastrointestinal bleeding**. **Aspirin** (A) and **warfarin** (B) are not suitable at this stage due to the risk of bleeding. The safest and most appropriate management is **supportive care** to monitor the patient's condition, manage blood pressure, and avoid further bleeding complications.

151. A 70-year-old male wakes up with **left-sided weakness**. A **CT scan** shows no **bleed**. What is the most appropriate next step in management?

A. Thrombolysis with alteplase (if within the 4.5-hour window)
B. Start dual antiplatelet therapy (aspirin + clopidogrel) immediately
C. Conservative management with supportive care and aspirin
D. Endovascular thrombectomy

Thrombolysis (alteplase) is the standard treatment for **acute ischemic stroke** if the patient presents within **4.5 hours** of symptom onset. Since the patient **woke up with symptoms**, it's crucial to estimate the **onset time** and assess eligibility. If **within the therapeutic window**, thrombolysis is the most appropriate initial step

Conservative management (C) is only considered if thrombolysis is **not an option** or if the patient presents **outside the time window**.

151. CVS Stroke question -> conservative management Woke up with left sided body weakness. No bleed on CT brain, what to do? Conservative ?

Some say alteplase was the right answer as bp was 170/100 == controversial mcq

152. A 42-year-old female presents with **dysphagia**, **generalized body aches**, and **tightening of the skin** on her fingers. She also has **Raynaud's phenomenon** and difficulty swallowing solids. What is the most likely diagnosis?

A. Systemic Lupus Erythematosus (SLE)
B. Rheumatoid Arthritis
C. Systemic Sclerosis (Scleroderma)
D. Polymyositis

153. Joint fluid aspiration with CS

154.Idiopathic fibrosing alveolitis.. There was with idiopathic fibrosing alveolitis, in lower lobe infiltrates

A 60-year-old man presents with exertional dyspnea and dry cough for 6 months. On exam, he has digital clubbing and bilateral fine end-inspiratory crackles. Chest X-ray shows bilateral lower zone infiltrates. What is the most likely diagnosis?

A) Pulmonary tuberculosis
B) Bronchiectasis
C) Idiopathic fibrosing alveolitis
D) Bacterial pneumonia

155.A woman presents with central obesity, purple striae, and other features of Cushing's syndrome. What is the most appropriate initial screening test?

A) Serum ACTH level
B) 24-hour Urinary Free Cortisol
C) Overnight Dexamethasone Suppression Test
D) Morning serum cortisol

156.Myasthenia gravis scenarioA patient with known celiac disease presents with limb weakness involving both upper and lower limbs. The weakness worsens as the day progresses. Serum calcium and CPK levels are normal. What is the most likely diagnosis?**A. OsteomalaciaB. Myasthenia Gravis** ✅**C. Proximal myopathy**

157. A 55-year-old male with a history of **chronic alcoholism** presents with **weakness in the lower limbs**, **loss of vibration sensation up to the knees**, and **anemia**. On examination, he has a **macrocytic anemia** and neurological findings consistent with **dorsal column involvement**. Which of the following is the most likely diagnosis?

A. Peripheral Neuropathy due to Alcoholism
B. Vitamin B12 Deficiency Anemia
C. Guillain-Barré Syndrome
D. Multiple Sclerosis

Thiamine deficiency (especially in alcoholics) could cause **Wernicke's encephalopathy**, but it typically presents with **ataxia, confusion, and ophthalmoplegia**, not with the specific neurological deficits of vibration and proprioception loss

157. A LEGEND H.OFF GEXTROSE TO A PT IN WARD...RISKING HIM AT WERNICKY KORSAKOFF

> CEREBELLER DEGENRATION..IDEALY THIAMINE IS GIVE 1ST

158.D. penicillamine in **Wilson**

159 A 35-year-old woman presents with amenorrhea. Her serum LH and FSH are both decreased. Which of the following is the most likely cause?

A) Ovarian failure
B) Pituitary dysfunction
C) Hypothalamic stimulation
D) Adrenal tumor

159. another recall One scenario. Low TSH Low Acth One more hormone was low. Autoimmune Tumor suppression

Also in optionsOptions were, pituitary dysfunction, hypothalamus involvement?????

160.Acromegaly-->transphenoidal surgery

161. A 7-year-old child develops hematuria 2 months after recovering from a respiratory tract infection. Urinalysis shows red blood cell casts and mild proteinuria. Complement C3 is low. What is the most likely diagnosis?

A) Post-infectious glomerulonephritis
B) IgA nephropathy
C) Alport syndrome
D) Minimal change disease

161. Poststreptococcal GN (1 momth history) ??

162. . A 45-year-old woman presents with jaundice, pale stools, and right upper quadrant abdominal pain. Liver function tests show cholestatic pattern. Which is the most appropriate next investigation to evaluate biliary obstruction?

A) Contrast-enhanced CT scan
B) MRCP
C) Chest X-ray
D) ERCP

163 A patient has had intermittent fever for 1 year, raised ESR and CRP, and on examination a middiastolic rumble is heard at the apex. Which of the following is the most likely diagnosis?

A) Mitral Stenosis
B) Mitral Regurgitation
C) Acute Rheumatic Fever
D) Aortic Stenosis

164. . Young child of around 12 years with SOB and cough, Wheeze and occasional crepts...TLC 6 with Lymphocytosis

Bronchiopnueumonia

Bronchitis

165 .RAISED LH> PCOS.

165. A 35-year-old woman presents with amenorrhea for 6 months and hot flashes. Laboratory tests show elevated serum FSH and LH, and low estradiol. What is the most likely diagnosis?

A) Hypogonadotropic hypogonadism
B) Premature ovarian failure (early menopause)
C) Polycystic ovarian syndrome
D) Pregnancy

166. A 22-year-old male collapses while running and is noted to have abnormal jerky movements. On arrival, he is confused. Serum sodium is 119 mmol/L. Chest auscultation reveals bilateral basal crepitations. What is the most appropriate immediate management?

A) Start IV digoxin
B) Administer IV furosemide
C) Administer 3% hypertonic saline
D) Start IV amiodarone

167.Fluid restriction in SIADH

168. A patient presents with pallor, hyperkalemia, deranged creatinine, and urine analysis showing proteinuria and numerous red blood cells. What is the most likely diagnosis?

A) Acute interstitial nephritis
B) Acute tubular necrosis
C) Crescentic glomerulonephritis
D) Alport syndrome

169.Check serum and urine osmolarity

170. some question related to Neurofibromatosis NF1(Recklinghausen disease) = chromosome 17. Neurofibromatosis Type 2 (NF2): chromosome 22

171.Ulnar deviation of Metacarpophalangeal join with nodules--> RA factor will be present

171. A 45-year-old woman presents with pain and swelling in her metacarpophalangeal joints. On examination, there is ulnar deviation of the fingers and firm nodules over the elbows. Which of the following is the most likely laboratory finding in this patient?

A) High titre Rheumatoid Factor
B) Positive Anti-nuclear antibody (ANA)
C) Elevated Anti-dsDNA antibody
D) Positive Anti-mitochondrial antibody (AMA)

172 Steroid+ NSAID+ methotrexate

173.Addisonian crisis first**--> IV hydrocortisone?? Known case of TB Taking ATT for 10 days now bp 70/60 abdominal pain, and diarrohea what to give first ? iv fluids , antibiotics, steroids ?**

174.Bud chiari syndrome

175. .A young thin man experiences sudden sharp chest pain while climbing stairs. On examination, a crackling sound synchronous with breathing is heard maximally over the tricuspid area. What is the most likely diagnosis?

A) Acute pericarditis
B) Pneumothorax
C) Pneumomediastinum

176.FLUID FROM JOINT FOR C.S AND ANALYSIS

177.PNH scenario PNH investigation was asked **Paroxysmal Nocturnal Hemoglobinuria (PNH) scenario investigation** was asked = gold standard for diagnosing PNH is flow cytometry -Ham's Test and the Sucrose Lysis Test are older tests that have largely been replaced by flow cytometry due to their lower sensitivity and specificity.

178 .PRV--> JAK2

178. JAK2 was there but there was left flank mass….erythropoietin was not there

A 40-year-old man presents with fatigue and fullness in the left flank. Examination reveals a palpable mass. Blood work shows elevated hemoglobin and hematocrit. Erythropoietin levels are not available. Which of the following tests would best help confirm the diagnosis?

A) Bone marrow biopsy
B) CT abdomen
C) JAK2 mutation testing
D) Serum ferritin

178. Hot water bath>prv>jak 2 A patient presents with headache, pruritus after bathing, and elevated hemoglobin. Which mutation is most commonly associated with this condition? **A) JAK2 V617F** B) BCR-ABL C) CALR D) MPL

179. A patient presents with high-grade fever, bleeding from gums, petechiae, and elevated liver enzymes with AST > ALT. Which of the following is the most likely diagnosis?

A) Viral hemorrhagic fever (e.g., Dengue)
B) Acute viral hepatitis B
C) Bacterial sepsis
D) Acute cholecystitis

80.DRUG ELUTING STENT..

181 A 20-year-old male with a history of **early-onset hypertension**, **hypokalemia**, and **metabolic alkalosis** is diagnosed with **Liddle syndrome**. Which of the following is the most appropriate treatment to control his hypertension and correct the electrolyte imbalance?

A. Spironolactone
B. Amiloride
C. Hydrochlorothiazide
D. Furosemide

182. A 25-year-old woman presents with **hypertension**, **weakness**, and **nausea**. On laboratory investigation, her serum **aldosterone and renin are found to be low**, but after the administration of **4 liters of isotonic saline**, **aldosterone** levels rise. Which of the following conditions is most likely?

A. Barter Syndrome
B. Gitelman Syndrome
C. Liddle Syndrome Answer
D. Congenital Adrenal Hyperplasia

Original recall= Patient with raise bp weakness nausea Aldosterone depressed renin low after 4 litre isotonic saline aldosterone elevated a.Barter b.Gitelman c.Liddle d.Cons

183 **Hypokalemic periodic paralysis , this mcq was stupid.** Exact scenario of barter with low hco3. In hypokalemic periodic paralysis there is also alkalosis which occurs after a large meal or exercise leading to increased insulin and intracellular drag of potassium leading to hypokalemia. There was no such history or family history plus there is alkalosis.

184. A 35-year-old man has a history of recurrent gastric ulcers, episodic palpitations, and headaches. Family history reveals parathyroid and pancreatic tumors. What is the most likely diagnosis?

A) MEN 1 (3Ps)
B) MEN 2A
C) MEN 2B
D) Von Hippel-Lindau disease

185 .12 year boy with >2 week cough->TB???

186.IBS

187. A 17-year-old presents with fever, posterior cervical lymphadenopathy, sore throat, and fatigue. His CBC shows mild anemia and atypical lymphocytosis. What is the most likely diagnosis?

A) Acute HIV
B) Infectious mononucleosis
C) Streptococcal pharyngitis
D) Hodgkin lymphoma

187.orginal recall -**Banker with sore throat haematuria lymphadenopathy** , there was some renal involvement as well, some say jauidnce was there due to AIHA as other LFTS were normal most of candiates favoring infectious monulosis instead of leptosproiss

188. A 68-year-old man with ischemic heart disease and non-valvular atrial fibrillation with left atrial enlargement requires anticoagulation for stroke prevention. Which of the following is the most appropriate anticoagulation regimen?

A) Warfarin with INR target 2-3
B) Rivaroxaban 15 mg twice daily indefinitely
C) Apixaban 5 mg twice daily
D) Aspirin alone

188. **Has A fib diabetes and HTN now wants to prevent stroke Rivaroxaban** 15 mg BD then 20 OD ,soe say it was apixiban? His CHADVASC was high

189.Coombs positive scenario--> AIH

190. A patient experiences transient right-sided visual disturbances and left-sided numbness lasting 15 minutes. Which artery is most likely responsible?

A) Left Internal Carotid Artery
B) Left Posterior Cerebral Artery
C) Right Middle Cerebral Artery
D) Right Anterior Cerebral Artery

Original recall= Pt with right sided visual distirbances and left sided numbness for 15 mins.. PCA insufficiency ICA insufficiency Etc

191. Aortic dissection

192. A 45-year-old woman presents with **palpitations**, **shortness of breath**, and **fatigue**. On examination, a **loud first heart sound** (S1) and a **mid-diastolic murmur** are heard at the **mitral area**. Additionally, a **mid-diastolic murmur** is also heard at the **tricuspid area**. Which of the following conditions is most likely?

A. Atrial Septal Defect (ASD)
B. Aortic Stenosis (AS)
C. Mitral Stenosis (MS) with Tricuspid Regurgitation (TR)
D. Lutembacher Syndrome

Mitral Stenosis (MS) causes a **mid-diastolic murmur** at the **mitral area**, often accompanied by a **loud first heart sound (S1)**.

Tricuspid Regurgitation (TR) can occur secondary to **pulmonary hypertension** caused by **MS**, and this results in a **mid-diastolic murmur** at the **tricuspid area**.

Lutembacher Syndrome would likely present with a **systolic murmur at the pulmonic area** due to the **ASD** and would not cause diastolic murmurs at both the mitral and tricuspid areas unless there was severe right heart failure, which is less commonly seen in mild-to-moderate cases.

Original recall= **Patient with palpitations shortness of breath on examination loud first heart sound mid diastolic murmer at mitral area and he also has mid diastolic murmer at tricuspid area a.Asd b.As c.Ms with tr d.Lutembacher e.Ms**

193. A known hypertensive female with left ventricular hypertrophy presents with blood pressure 170/110 mmHg, altered mental status, clonus, nystagmus, and extensor plantar reflexes. Serum creatinine is elevated. What is the most likely diagnosis?

A) Hypertensive encephalopathy
B) Uremic encephalopathy
C) Stroke
D) Multiple sclerosis

194..Uremia patient--> desmopressin **Desmopressin** (DDAVP)

195..2 scenarios of APLa **Antiphospholipid Syndrome (APS)**